

L15000067711

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

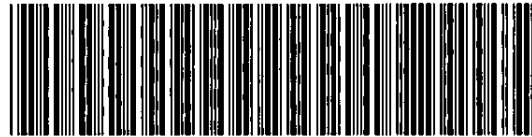
Special Instructions to Filing Officer:

RECEIVED

2017 MAY -1 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office Use Only



600298218856

05/02/17--01007--013 **25.00

MAY 02 2017

S. YOUNG

FILED
17 MAY -1 PM 4:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Long Branch MHP, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Helen Atter
Name of Person

Liles Gavin, P.A.
Firm/Company

301 W. Bay Street #1030
Address

Jacksonville, FL 32202
City/State and Zip Code

Hatter@LilesGavin.com
E-mail address: (to be used for future annual report notification)

FILED STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
17 MAY - 1 PM 4:40

For further information concerning this matter, please call:

Jacquelyn Heflin
Helen Atter
Name of Person
at 904 930-1490
Area Code Daytime Telephone Number
904 634-1100

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee
☐ \$30.00 Filing Fee & Certificate of Status
☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Long Branch MHP, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 4/17/2015 and assigned Florida document number L15000067711.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Palm Cove MHP, LLC
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

7000 N. Main Street
Jacksonville, FL 32208

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7000 N. Main Street
Jacksonville, FL 32208

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Liles Gavin, P.A.

New Registered Office Address:

301 W. Bay Street #1030

Enter Florida street address

Jacksonville

City

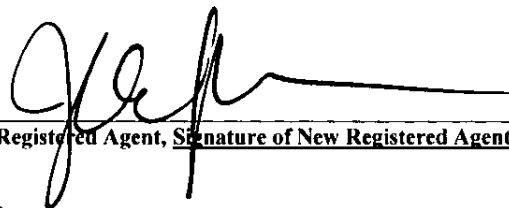
Florida

32208

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.



If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	TOM Glover	3030 N. Rocky point ^{Dr.} #150A Tampa, FL 33607	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	Affordable Housing Community Property Management, LLC	7000 N. Main street Jacksonville, FL 32208	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	Liles Gavin, PA.	301 W. Bay street ^{#1030} Jacksonville, FL 32202	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

FILED
STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
MAY - 1 11 PM 4:40

7 MAY - 1 PM

FILED OF STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
MAY -1 PM 4:40

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated April 26th, 2017.

Signature of a member or authorized representative of a member

Jacqueline Fleisher
Typed or printed name of signer